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DECLARATION			Attorney Docl		CRD-09		
AND POWER OF ATTORNEY			First Named	nventor	Robert I	bert Falotico	
1	TY OR DESIGN			COMPLETE IF KNOWN			
	APPLICATION CFR 1.63)		Application N	umber	To Be D	etermined	
Declaration Submitted with	Declaration Submitt Initial Filing (Surch (37 CFR 1.16(e)) re	charge	Filing Date				
Initial Filing C			Group Art Un	it			
			Examiner Na	me			
As a below named inventor	, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
COMPOUND AND DELIVERY DEVICE FOR INHIBITING CONSTRICTIVE VASCULAR REMODELING							
(Title of the Invention) The specification of which							
is attached hereto							
OR .							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country		Filing Date DD/YYYY)	Priority Not Claim		Certifie Attac	d Copy hed?
Number(s)	Country	,r				YES	NO
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/DD/YYYY)						
60/204,417 60/262,614 60/262,461 60/263,806 60/263,979	05/12/2000 01/18/2001 01/18/2001 01/24/2001 01/25/2001	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
09/575,480	05/19/2000	Pending Patented Patented					
I hereby appoint:							
Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here						
Practitioner(s) named below: Name	Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Carl J. Evens at te	elephone number (732) 524-2518.						
Direct all correspondence to:	omer Number r Code Label 000027777 OR	☐ Correspondence address below					
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

I hereby declare that all statements no information and belief are believed to that willful false statements and the li U.S.C. 1001 and that such willful fals issued thereon.	be true; and furthe ke so made are pur	r that these s nishable by fir	tatements wer ne or imprison:	e made with the knowledge ment, or both, under 18			
NAME OF SOLE OR FIRST INVENTOR:	ENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Robert		Family Name or Surname Falotico					
Inventor's Rober Following		Date					
Residence: City Belle Mead	State NJ	Cou	ntry USA	Citizenship USA			
Mailing Address 40 Black Horse Run							
City Belle Mead	State NJ		08502	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:	E OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Cour	ntry	Citizenship			
Mailing Address							
City	State	ZIP		Country			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name Family first and middle [if any]) or Suri			y Name rname				
Inventor's Signature			Date				
Residence: City	State	Cour	try	Citizenship			
Mailing Address		<u> </u>					
City	State	710		Country			